

LANDFILL EROSION AND SEDIMENTATION REVIEW

_____ County Soil and Water Conservation District

Date of Landfill Review: _____ Previous Landfill Review: _____

Name of Landfill: _____

Location: _____

Manager/Operator: _____

Review Team: _____ Supervisor, SWCD
_____ Solid Waste Inspector, IDEM
_____ SWCD/Field Office Technical Representative

List Additional Participants at the Review:

Copies of This Landfill Report Have Been Provided to:

1. Landfill Representative
2. Commissioner
Attn: Solid Waste Technical Compliance
Department of Environmental Management
100 North Senate, Room N1154
PO Box 6015
Indianapolis, Indiana 46206-6015
3. Division of Soil Conservation
Indiana State Department of Agriculture
101 W. Ohio Street, Suite 1200
Indianapolis, IN 46204
4. _____ County Soil and Water Conservation District
5. Board of County Commissioners
6. IDEM Solid Waste Inspector

This report was compiled on behalf of the Review Team by: _____

(Signature)

(Revised 5/06)

1. Is There Evidence of Erosion? ____ Yes ____ No

- **Are there gullies over 9 inches in depth? ____ Yes ____ No**

Description and Location:

2. Is There Evidence of Off-Site Sedimentation? ____ Yes ____ No

- **Is runoff from disturbed areas being treated by appropriate sediment control measures? ____ Yes ____ No**
- **Are the sediment control practices installed and functioning properly? ____ Yes ____ No**
- **Have the sediment control practices been maintained? ____ Yes ____ No**
- **Are borrow pits being maintained in a manner that will minimize erosion and sedimentation? ____ Yes
No**

Description and Location:

3. Have Appropriate Measures Been Implemented to Stabilize Inactive Portions of the Landfill? ____ Yes ____ No

- **Are all final contours seeded and fertilized? ____ Yes ____ No**
- **Has erosion control blanket or anchored mulch been applied to permanently seeded areas? ____ Yes ____ No**
- **If vegetative stabilization was not achieved, was a suitable cover of anchored mulch or another alternative utilized to control erosion? ____ Yes ____ No**
- **Have areas with intermediate cover, that have not received waste for 60 days, been adequately stabilized through use of vegetative or synthetic cover or appropriate erosion and sediment control measures?
____ Yes ____ No**
- **Do existing vegetated areas require maintenance? ____ Yes ____ No**

Description and Location:

4. Has Progress Been Made Since the Last Visit? ____ Yes ____ No

Description:

5. Recommendations (Include Time Frames for Completion):

6. For Additional Information and Assistance, Please Contact:

_____ County SWCD

Phone: ()

FAX: ()